

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,673

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1		1	
3			1			
4			1		1	
5						
6			1		1	
7						
8			1		1	
9						
10			1		1	
11			1			
12						
13	1				1	
14	1					
15	1				1	
16	1					
17	1		1		1	
18			1		1	
19			1		1	
20						
21	2				1	
22	1				1	
23	2				1	
24	2					
25	1				1	
26	1				1	
27	1				1	
28	1					
29	1					
30	1					
31	1				1	
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						